

South Carolina Workers' Compensation Commission

1612 Marion St.
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5675



WCC File #: _____

Carrier File #: _____

Carrier Code #: _____

Employer FEIN #: _____

Claimant's Name: _____ SSN: _____ - - Employer's Name: _____

Address: _____ Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Home Phone: () - Work Phone: () - Carrier: _____

Preparer's Name: _____ Preparer's Phone #: () -

Complete each information blank. Specify clearly when contentions are admitted in part or denied in part.**The employer-insurance carrier in answer to the claim due to the death of _____ (employee's name) respectfully shows:**

1. It is ☐ admitted ☐ denied that the employee sustained an injury on or about the date set forth in the application.
2. It is ☐ admitted ☐ denied that both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:

3. It is ☐ admitted ☐ denied that the relationship of employer and employee existed at the time in question. The reasons for denial are:

4. It is ☐ admitted ☐ denied that at the time in question the employee was performing services arising out of and in the course of employment.

5. It is ☐ admitted ☐ denied that notice of injury was given the employer as specified in the application.

6. It is ☐ admitted ☐ denied that the employee was entitled to medical care as a result of the injury.

7. It is ☐ admitted ☐ denied that the employee lost compensable time from work and wages for period(s) of:

8. It is ☐ admitted ☐ denied that the employee's death resulted proximately from accidental injury arising out of and in the course of employment on _____ (month day year).

9. It is contended that an average weekly wage of \$_____ applies, according to the attached accounting of employee's earnings, as provided by law.

10. Further contentions or grounds of defense are:

I certify that I have served this document pursuant to R.67-212 by delivering a copy to _____ (name), at _____

_____ (address) on the ____ day of _____, _____, by ☐ first class mail ☐ personal service ☐ certified mail.

Preparer's Signature _____

Title _____

Date _____

Refer to R.67-205 and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Judicial Department. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.